



P R O V I D E R B U L L E T I N

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**To: Aged and Disabled Waiver Providers, Indiana
Association for Home and Hospice Care, Indiana
Association of Area Agencies on Aging**

**Subject: Rate Increases – Home- and Community-Based
Services Waiver**

Overview

The Division of Aging in collaboration with the Office of Medicaid Policy and Planning is pleased to announce the new rate structure for services provided under the Aged and Disabled Waiver. These rates are effective July 1, 2008

New Rates

Table 1 – New Rates for Aged and Disabled Waiver

Service Description	Service Code	Modifier 1	Modifier 2	Modifier 3	Modified Description	Rate	Unit of Service
Assist Living Waiver/Diem	T2031	U7	U1		U7=Waiver; U1=Level1	\$66.55	Day
Assist Living Waiver/Diem	T2031	U7	U2		U7=Waiver; U2=Level2	\$73.33	Day
Assist Living Waiver/Diem	T2031	U7	U3		U7=Waiver; U3=Level3	\$80.93	Day
Attendant Care Services (Nonagency)	S5125	U7			U7=Waiver	\$3.00	0.25 Hour
Attendant Care Services (Consumer Directed)	S5125	U7	U1		U7=Waiver; U1=ATTC FI	\$2.84	0.25 Hour
Attendant Care Services (Agency)	S5125	U7	UA		U7=Waiver; UA=Provider (Agency)	\$4.95	0.25 Hour
Case Management	T1016	U7			U7=Waiver	\$11.34	0.25 Hour

Service Description	Service Code	Modifier 1	Modifier 2	Modifier 3	Modified Description	Rate	Unit of Service
Case Management, Per Mnth	T2022	U7	U1		U7=Waiver; U1=Level 1, Health Care Coordination	\$9.74	0.25 Hour rate, max 8 Hrs
Comm Trans Waiver/Service	T2038	U7			U7=Waiver	\$1,500.00	Life cap
Commercial Car, Multi-Pass	T2004	U7	U1		U7=Waiver; U1=Non-Assisted	\$0.45/\$233	Per mile/ annual cap
Commercial Car, Multi-Pass	T2004	U7	U2		U7=Waiver; U2=Assisted	\$0.90/\$452	Per mile/ annual cap
Day Care Services, Adult	S5100	U7	U1		U7=Waiver; U1=Level1	\$3.00	0.25 Hour
Day Care Services, Adult	S5100	U7	U2		U7=Waiver; U2=Level2	\$3.00	0.25 Hour
Day Care Services, Adult	S5100	U7	U3		U7=Waiver; U3=Level3	\$3.00	0.25 Hour
Emergency Response System	S5160	U7			U7=Waiver	\$54.41	Install
Emergency Response System	S5161	U7			U7=Waiver	\$54.41	Monthly Rate
Nutritional Supplement	B4150	U7			U7=Waiver (Annual Cap)	\$1,200.00	Annual cap
Foster Care, Adult	S5141	U7	U1		U7=Waiver; U1=Level1	\$57.48	Day
Foster Care, Adult	S5141	U7	U2		U7=Waiver; U2=Level2	\$67.93	Day
Foster Care, Adult	S5141	U7	U3		U7=Waiver; U3=Level3	\$78.38	Day
Home Delivered Meals, Inc	S5170	U7			U7=Waiver	\$5.32	Per meal
Home Modification Install	S5165	U7	NU		U7=Waiver; NU=New DME	\$15,000.00	Life cap
Home Modification Maintenance	S5165	U7	RP		U7=Waiver; RP=Replacement And Repair	\$500.00	Annual cap
Homemaker Service, NOS (Nonagency)	S5130	U7			U7=Waiver	\$2.70	0.25 Hour
Homemaker Service, NOS (Agency)	S5130	U7	UA		U7=Waiver; UA=Provider	\$3.71	0.25 Hour

Service Description	Service Code	Modifier 1	Modifier 2	Modifier 3	Modified Description	Rate	Unit of Service
Adult Day Service Transport	T2003	U7			U7=Waiver	\$17.83	Per trip
Respite Care Services	T1005	U7	UA	TD	U7=Waiver; UA=Provider; TD=RN	\$9.74	0.25 Hour
Respite Care Services	T1005	U7	UA	TE	U7=Waiver; UA=Provider; TE=LPN	\$6.70	0.25 Hour
Specialized Medical Equip	T2029	U7	NU		U7=Waiver; NU=New DME	Manual review	
Specialized Medical Equip	T2029	U7	RP		U7=Waiver; RP=Replacement And Repair	\$500.00	Annual cap
Unskilled Respite Care, Not Hospice	S5150	U7	UA	U9	U7=Waiver; UA=Provider; U9=Home Health Aide	\$5.02	0.25 Hour
Vehicle Modifications	T2039	U7			U7=Waiver	\$15,000.00	Life cap
Waiver Service, NOS	T2025	U7	U1		U7=Waiver; U1=Pest Control	\$600.00	Annual cap

Contact Information

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